

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/521736**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	2			1		
5	2			1		
6	2			1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13				1		
14				1		
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50						
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	24	←	22	←		←
TOTAL CLAIMS	25	[REDACTED]	23	[REDACTED]	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		[REDACTED]		[REDACTED]	[REDACTED]	[REDACTED]